

**CITY OF DETROIT  
WHITE BALLOT  
INFORMATION CONTENT RECEIVED  
BY  
CONSTANCE M. PHILLIPS (RETIREE)**

PRF # 65446  
Case No.: 13-53846  
Svc: 7

PackID: 13326  
NameID: 11892346

PHILLIPS, CONSTANCE  
2720 E LAFAYETTE ST APT 103  
DETROIT, MI 48207-3959

**Ballot, Class 12 OPEB Claims**

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

----- X  
In re :  
CITY OF DETROIT, MICHIGAN, : Chapter 9  
Debtor. : Case No. 13-53846  
: Hon. Steven W. Rhodes  
----- X

**BALLOT FOR ACCEPTING OR REJECTING THE  
PLAN FOR THE ADJUSTMENT OF DEBTS OF THE CITY OF DETROIT**

CLASS 12: OPEB Claims  
Claimant's [Name/Identifier]: PHILLIPS, CONSTANCE / 2310  
Allowed Claim for Voting Purposes: \$196,395.00

**THE "VOTING DEADLINE" TO ACCEPT OR REJECT THE  
PLAN IS 5:00 P.M., EASTERN TIME, ON JULY 11, 2014**

**THE ALLOWED AMOUNT OF YOUR OPEB CLAIM STATED ON  
THIS BALLOT IS AN ESTIMATE. YOUR ACTUAL OPEB  
CLAIM AMOUNT MAY BE MORE OR LESS THAN THE  
ESTIMATE CONTAINED IN THIS BALLOT.**

This Ballot is for INDIVIDUALS ENTITLED TO POST-RETIREMENT HEALTH, VISION, DENTAL, LIFE AND DEATH BENEFITS pursuant to the employee health and life insurance benefit plan and the employee death benefit plan (collectively, "OPEB Benefits").

Claims against the City for OPEB Benefits ("OPEB claims") are included in Class 12 under the *Fourth Amended Plan for the Adjustment of Debts of the City of Detroit (May 5, 2014)* (as it may be amended, supplemented or modified, the "Plan").<sup>1</sup>

Please complete, sign and date the Ballot and mail it by regular mail to Kurtzman Carson Consultants LLC (the "Balloting Agent") in the enclosed addressed envelope so that it is ACTUALLY RECEIVED by the July 11, 2014 Voting Deadline.

DO NOT RETURN THE BALLOT TO THE CITY OF DETROIT, THE BANKRUPTCY COURT OR ANYONE OTHER THAN THE BALLOTING AGENT.

Ballots may not be submitted by fax, email or other electronic means.

Please contact the Balloting Agent if you have questions regarding the ballot return instructions. PLEASE NOTE, HOWEVER, THAT THE BALLOTING AGENT IS NOT PERMITTED TO PROVIDE LEGAL ADVICE.

<sup>1</sup> Capitalized terms used in this Ballot and the attached instructions that are not otherwise defined have the meanings given to them in the Plan.



**PLEASE READ THE VOTING INFORMATION AND  
INSTRUCTIONS ATTACHED BEFORE COMPLETING THIS BALLOT.**

PLEASE COMPLETE ITEMS 1 AND 2. IF NEITHER THE "ACCEPT" NOR "REJECT" BOX IS CHECKED IN ITEM 1, OR IF BOTH BOXES ARE CHECKED IN ITEM 1, THIS BALLOT WILL NOT BE COUNTED AS HAVING BEEN CAST.

IF THIS BALLOT IS NOT SIGNED ON THE APPROPRIATE LINES ON THE NEXT PAGE, THIS BALLOT WILL NOT BE VALID OR COUNTED AS HAVING BEEN CAST.

**Item 1. Class Vote.** The undersigned, an OPEB Claim Holder in Class 12 as of March 1, 2014 against the City of Detroit, Michigan, votes to (check one box):

☐ ACCEPT the Plan.

☒ REJECT the Plan.

If you accept the Plan, you are voting to approve a release of any claims that you may have against the State, the City and other entities in connection with the loss of part of your OPEB Benefits.

If you accept the Plan, you are also voting to approve certain other cancellation, discharge, exculpation, expungement, injunction and release provisions contained in the Plan. Such provisions include, but are not limited to, the provisions contained in Article III.D, Article IV.J, Article IV.K and Article V.C of the Plan. These provisions include the release of claims against the State of Michigan and may affect your rights and interests regarding certain other nondebtor parties.

Creditor [Name/Identifier]: PHILLIPS, CONSTANCE / 2310

Amount of OPEB Claim: \$196,395.00

**PLEASE CONTINUE TO ITEM 2 ON THE NEXT PAGE**

**PLEASE READ THE VOTING INFORMATION AND  
INSTRUCTIONS ATTACHED BEFORE COMPLETING THIS BALLOT.**

PLEASE COMPLETE ITEMS 1 AND 2. IF NEITHER THE "ACCEPT" NOR "REJECT" BOX IS CHECKED IN ITEM 1, OR IF BOTH BOXES ARE CHECKED IN ITEM 1, THIS BALLOT WILL NOT BE COUNTED AS HAVING BEEN CAST.

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Creditor [Name/Identifier]: PHILLIPS, CONSTANCE / 2310

Amount of OPEB Claim: \$196,395.00

**PLEASE CONTINUE TO ITEM 2 ON THE NEXT PAGE**



**EXHIBIT THREE (6/10/2014)**  
**INVITATION TO TESTIFY WITH A SELECT GROUP**  
**EXTENDED BY THE BANKRUPTCY JUDGE,**  
**HON.STEVEN W. RHODES**

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

In re:

City of Detroit, Michigan,  
Debtor.

Chapter 9  
Case No. 13-53846  
Hon. Steven W. Rhodes

**Notice of Hearing to Individuals Who Filed Plan Objections**

Approximately 600 individuals, without counsel, have filed objections to the City's plan of adjustment. The Court recognizes that the deadline for individuals to file objections has not yet passed, but deems it appropriate to offer the individuals identified in the attached Exhibits A and B an opportunity to be heard. In the Court's discretion, the objections filed by these individuals are representative and constitute an adequate cross-section of the objections filed thus far.

Accordingly, notice is given that the Court will hold a hearing on July 15, 2014, in Courtroom 716, Theodore Levin U.S. Courthouse, 231 W. Lafayette Blvd., Detroit, Michigan to hear the objections of these individuals. The individuals identified on Exhibit A are invited to appear at 9:30 a.m. Those identified on Exhibit B are invited to appear at 2:00 p.m. *This opportunity to be heard is only for the individuals identified in Exhibits A and B attached.* If the Court determines that objections filed after this notice warrant a second hearing, one will be scheduled and notice provided.

Just as the Court will impose time limits on the attorneys representing objecting parties at the time of the plan confirmation hearing, the Court must also impose a time limit on these individual objectors as well, due to the number of these individuals. Therefore, each individual who appears may address the Court for 5 minutes regarding their plan objection.

The City shall have 30 minutes to respond. No rebuttal



13-53846-swr Doc 5264 Filed 06/10/14 Entered 06/10/14 1353846140610000000000001

Due to security screening, the Court encourages the individuals who accept this opportunity to address the Court regarding their plan objections to arrive at the courthouse at least 60 minutes before their scheduled start time on the day of the hearing.

Signed on June 10, 2014

/s/ Steven Rhodes  
Steven Rhodes  
United States Bankruptcy Judge



**Exhibit A**  
**Individuals Invited to Attend Hearing at 9:30 AM**

<b>Name</b>	<b>Dkt. #</b>
Dempsey Addison	4295
Hassan Aleem	4808
Wilson Allen	2907
Laurence Aurbach	2869
Laurence J. Aurbach	3735
Dorothy M. W. Baker	4520
Patricia Beamon	2840
Audry Bellamy	3470
Harriett Billingslea	3700
Bonnie Bizzell	3687
Leonard Brogdon	3705
Minnie Brogdon	3705
Harold Franklin Bryant	3250
Eileen Burns	3697
James Capizzo	4997
Denise Cattron	4297
Thomas Cattron	4296
Gisele Caver	3215
Ronald Clegg	3699
Jo Ann Cooper	3698
Ronald Danowski	2896
Lucinda J. Darrah	4809
Eric Davis	2888
Willie Davis	3704
Lewis M. Dickens III	3445
Rita Dukerson (Dickerson)	2879
Sandra Evans	2974
Jamie Fields	4404
Fabris Fiorenzo	5211
Gerald F. Fischer	3686
Jesse Florence, Sr.	3706
Paula Ford	2842
Gerald Galazka	3205
Deborah Graham	3701
Andrea Hackett	3219
Kristen A. Hamel	4343

**Exhibit B**  
**Individuals Invited to Attend Hearing at 2:00 PM**

<b>Name</b>	<b>Dkt. #</b>
Cynthia Haskin	2891
Dan Headapohl	4433
Yvonne Holliday Roberts	2860
Beverly Holman	2977
Irma Industrious	4895
Bernice Jenkins	2844
Felicia Jones	2922
Rita Jordan	2905
Gerald Kent	3702
Renee Lee	3553
Diane Leipprandt	2901
Richardo C. Lewandowski	3694
Daniel Lopez (Lopez)	2919, 2930
Paula J. Lytle	5215
David L. Malhalab	5214
Janine McCallum	2855
Herman McCord	3685
Cecily McLellan	4633
Mashuk Meah	2908
Amru Meah (Mean)	2920
Linda Mulder	3212
Constance Phillips	2980
H. Jean Powell	3716
Roger D. Rice	3734
Stina Santiestevan	3217
Renla C. Session	3420
Carlottie Shaw	2970
Mark L. Smith	3707
Michael Smith	3696
Constance Spight	2887
Tina Sumner	3407
Elaine Thayer	2976
Marie Lynette Thornton	3249
Mary Jo Vortkamp	4578, 4579
Shirley J. Walker	3435
William Curtis Walton	2899
Beverly A. Welch	3518
Paul C. Wells	3096
Carl Williams	4808
Yvonne Williams-Jones	2872
Laura Wilson	2874, 3167
Steven Wojtowicz	5163
Alicia Zagar	2991

**EXHIBIT FOUR (4/28/2014)**  
**OBJECTION – PLAN OF ADJUSTMENT DOCKET 4274**

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION – DETROIT

FILED

2014 APR 28 P 3:29

U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
DETROIT

In the matter of:

CITY OF DETROIT, MICHIGAN

Case No. 13-53846-swr

Chapter 9

Hon. STEVEN W. RHODES

Debtor \_\_\_\_\_ /

**OBJECTION TO CITY OF DETROIT'S PLAN OF ADJUSTMENT [DOCKET 4274]**

FILED BY: Constance M. Phillips – City of Detroit Retiree; former General Manager

\_\_\_\_\_ hereby states his/her/their OBJECTION TO:

CITY OF DETROIT'S PLAN OF ADJUSTMENT- THIRD AMENDMENT (4/25/2014)

REDLINED VERSION for the following reasons.

1. I / we am/are interested in the Bankruptcy of the City of Detroit because I am a recent Retiree from the Detroit Department of Human Services; now closed by City Administration. It was supported 100% with federal funds. \*I retired in February, 2012. My mother, as a single parent, did not sacrifice and struggle to send me to college for me to be poor!

2. I / we object to the above filing because: I did not retire to receive any projected reductions in a Detroit pension. I did not get an education at the Master's degree level to now potentially live at a federal poverty guideline level. These levels are continually referenced that a Retiree will receive a "pension", when one reaches the poverty level. I did not retire with a health benefit package provision available, to no longer have benefits provided. The outcome of the bankruptcy process regarding my pension will greatly impact my ability to live independently as a single person!

3. I have/ have not attached additional sheets to explain and establish my position.

I hereby certify that the statements made herein are true and correct under penalty of perjury and contempt of Court under the laws of the United States of America.

Wherefore I/ we request the Court will deny the relief sought in said filing.

Name: Constance Mary (M). Phillips

Signature: Constance M. Phillips

Address: 2720 E. Lafayette #103

Detroit, Michigan 48207

Email: cphillips25000@comcast.net

Dated: 4/28/2014

**PLAN OF ADJUSTMENT - OBJECTIONS RE: THIRD AMENDMENT SUBMITTED TO COURT ON 4/25/2014**

**PREPARED BY CONSTANCE M. PHILLIPS, CITY OF DETROIT RETIREE - 2/2012 - GENERAL MANAGER**

THIS SUBMISSION IS MY SECOND SUBMISSION REGARDING AN OBJECTION FOR THE DETROIT PLAN OF ADJUSTMENT.

FIRST AND FOREMOST, WHAT IS THE REASON FOR THE MULTIPLE AMENDMENTS TO BOTH OF THE KEY BANKRUPTCY DOCUMENTS: DETROIT'S PLAN OF ADJUSTMENT AND THE DISCLOSURE STATEMENT. AS OF 4/25/2014, THERE HAVE BEEN THREE AMENDMENTS FOR EACH DOCUMENT WHICH WERE ORIGINALLY FILED ON 2/21/2014. IF I DID NOT POSSESS A COLLEGE EDUCATION, I COULD NOT BEGIN TO COMPREHEND THE COMPONENTS OF VAST INFORMATION.

WHEN, IF EVER WILL THERE BE AN INCLUSIONARY COMPONENT IDENTIFYING THAT THE CONSTITUTION FOR THE STATE OF MICHIGAN HAS A PROVISION TO PROVIDE PENSIONS IF LOCAL MUNICIPALITIES CAN NO LONGER PROVIDE THIS EARNED BENEFIT FOR LOCAL MUNICIPAL RETIREES.

A COPY IS GIVEN OF MY NARRATIVE REMARKS SUBMITTED FOR THE FIRST PLAN OF ADJUSTMENT (2/21/2014 FILING DATE. COPIES OF THE REFERENCED PAGES ARE PURPOSELY NOT INCLUDED WITH THIS DOCUMENT.

**HOW CAN THE COURT CONTINUALLY ALLOW THE REPEATED AMENDMENTS IN A CIRCUMSTANCE OF DIRE FINANCIAL NEED!? LEGAL FEES ARE CONTINUALLY MOUNTING WITH REPEATED AMENDMENTS! WHERE IS EVIDENCE OF "LEGAL EXPERTISE" TO ADDRESS THIS BANKRUPTCY CIRCUMSTANCE!?. THESE AMENDMENT RE-SUBMISSIONS ARE COSTING THE CITY OF DETROIT A SMALL FORTUNE! THE LEGAL TEAMS ARE VERY EXPENSIVE! WHEN WILL THERE BE AN END TO THE AMENDMENT PROCESS IN ORDER FOR PERSONS TO HAVE ONE OR TWO DOCUMENTS TO CONSIDER FOR THE "SUPPOSED" VOTING PROCESS ON THE BANKRUPTCY PLAN?**

**PG. #/393                      PLAN OF ADJUSTMENT CONTENT REFERENCE**

**PG. 22/393                      119 - Eligible Pensioner**

One is eligible to receive an Income Stabilization Payment if one's income is 140% of the Federal Poverty Level in 2013. Pensioners did not work to be at the poverty level after 2014 until their deaths.

**PLAN OF ADJUSTMENT - OBJECTIONS RE: THIRD AMENDMENT SUBMITTED TO COURT ON 4/25/2014**

**PREPARED BY CONSTANCE M. PHILLIPS, CITY OF DETROIT RETIREE - 2/2012 - GENERAL MANAGER**

**PG. 23/393**

**132 - Federal Poverty Level**

Continual references to the Federal Poverty Level(s) are made as though Retirees agreed to this degraded fiscal life status. This is unacceptable.

**PG. 24/393**

**148- GRS Adjusted Pension Amount**

One receiving a pension has either a 4.5% reduction in benefits if the individual votes yes on the plan or a 27%% reduction in benefits if an individual votes no on the plan.

**WHY, NOW, MUST ANNUITY PAYMENTS BE RECOUPED? THIS ENDEAVOR PLACES ONE FURTHER IN A FISCAL DEFICIT CIRCUMSTANCE.**

**PG. 38/393**

**Payment of Administrative Claims**

The general category is explained but notes several disallowances. Will this claim category actually get paid?

**PG. 46/393**

**State Contribution Agreement**

The State of Michigan will contribute to the payment of benefits to Holders of Pension Claims only if the plan is accepted by Classes 10 and 11 of claim categories. Still there remains the circumstance of no other options truly available to Retirees. The plan is obviously to move ahead with or without vote acceptances.

**PG. 47/393**

**Contributions to GRS**

The commitment from DWSD is noted in the amount of \$428.5 million, as well as the State Contribution and DIA proceeds through 2023. Once again, less than a 10 year timeline to receive pension benefits is identified! A time limit for a pension was not agreed to by Pensioners when individual persons retired.

PLAN OF ADJUSTMENT - OBJECTIONS RE: THIRD AMENDMENT SUBMITTED TO COURT ON 4/25/2014

PREPARED BY CONSTANCE M. PHILLIPS, CITY OF DETROIT RETIREE - 2/2012 - GENERAL MANAGER

PG. 48/393

ASF Distribution Recipients

Now the Emergency Manager, et al want to recoup funds already distributed via the Annuity Savings Fund. In my case, the majority of Annuity funds distributed to me were accessed due to financial hardships: an extensive City of Detroit lay-off and a sustained physical injury which had some life repercussions. To repay those funds which were needed to survive will be an unspeakable hardship.

ASF Distribution Recipients ( Continued)

WHY NOT COLLECT SOME OF THE MONEY OWED BY THE LOCAL HOTELS AND OTHER BUSINESSES IN ADDITION TO THE STATE OF MICHIGAN THAT SHOULD BE PAID TO THE CITY OF DETROIT TO OFFSET DEBTS.  
WHY MUST IT APPEAR THAT MANY COSTS IN THE PLAN MUST BE PAID ON THE BACKS OF PENSIONERS/RETIREES?

PG. 51/393

Confirmation Without Acceptance by All Impaired Classes

The acceptance "appears" to be a forced circumstance. It will occur with or without "votes" of acceptance.

**EXHIBIT – FIVE (4/01/2014)**  
**OBJECTION - PLAN OF ADJUSTMENT DOCKET 2708**



UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION – DETROIT

FILED

2014 APR 1 P 2:11

U.S. BANKRUPTCY COURT  
E.D. MICHIGAN-DETROIT

In the matter of:

CITY OF DETROIT, MICHIGAN

Case No. 13-53846-swr

Chapter 9

Hon. STEVEN W. RHODES

Debtor \_\_\_\_\_/

**OBJECTION TO CITY OF DETROIT'S PLAN OF ADJUSTMENT [DOCKET 2708]**

FILED BY: Constance M. Phillips – City of Detroit Retiree; former General Manager

\_\_\_\_\_ hereby states his/her/their OBJECTION TO:

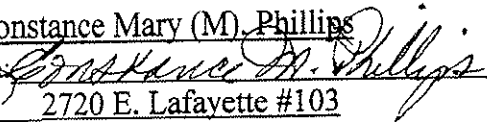
CITY OF DETROIT'S PLAN OF ADJUSTMENT

for the following reasons.

1. I / we am/are interested in the Bankruptcy of the City of Detroit because I am a recent Retiree from the Detroit Department of Human Services; now closed by City Administration , that was supported 100% with federal funds. \*I retired in February, 2012. My mother did not sacrifice and struggle to send me to college for me to be poor!
2. I / we object to the above filing because: I did not retire to receive a projected 34% reduction in a Detroit pension. I did not get an education at the Master's degree level to now potentially live at a federal poverty guideline level. I did not retire with a health benefit package provision available to no longer have benefits provided. I did not retire, in my opinion, to be held hostage, now, for a year with a bankruptcy process which may impact my ability to live independently as a single female!
3. I have/ have not attached additional sheets to explain and establish my position.

I hereby certify that the statements made herein are true and correct under penalty of perjury and contempt of Court under the laws of the United States of America.  
Wherefore I/ we request the Court will deny the relief sought in said filing.

Name: Constance Mary (M). Phillips

Signature: 

Address: 2720 E. Lafayette #103

Detroit, Michigan 48207

Email: cphillips25000@comcast.net

Dated: 3/31/2014

ARTICLE I. DEFINED TERMS, RULES, OF INTERPRETATION AND COMPUTATION OF TIME  
PG.#/120 PLAN OF ADJUSTMENT CONTENT REFERENCE

PG.8/120

**A. Defined Terms**

**1. 2005 COPS Agreement - Certificates of Participation - \$640 million**

**2. 2006 COPS Agreement - Certificates of Participation - \$ 148.5 million**

Why go back approximately nine years to define terms? Was using the retiree systems' Certificates of Participation legal and/or allowable?

**7. Adjusted Pension Amount**

Who agreed to an adjusted pension amount for persons currently participating in either retirement system? What are the specific dollar amounts for these referenced "adjusted pension amounts for pensioners"?

Why is this group immediately identified with an adjustment? Why is this group affected?

PG.9/120

**A. Defined Terms**

**15. " Ballot"**

If retirees do not vote to accept the Plan what happens? If others/ other entities vote to accept when retirees do not, what bearing does that action have for the affected/afflicted retirees?

PG.10/120

**A. Defined Terms**

**21. Bond Agent**

Who are the current bond agents and what fee does this entity incur as a portion of the Bankruptcy process?

**31. "CFSEM Supporting Organization"**

Who are all the parties within the organization involved with the destiny of retirees as well as the DIA?

What are the final financial contributions to pensioners? This is referenced with very minimal detail!

**A. Defined Terms**

**36. Claims and Balloting Agent**

Why was this business concern located in El Segundo, California chosen? Was there no such resource available in the State of Michigan? What bill is this company charging? Will it amount to the level of millions as applicable to the Jones Day legal firm?

**48. " COP Service Contracts:**

Was accessing the Certificates of Participation Service Contracts truly legal? The use set a precedent leading to "supposed deficits": in GRS and PFRS funding?

PG. 12/120

**A. Defined Terms**

**56. " Creditor Representation"**

The language for this section is originally somewhat confusing to conclude with " a person or committee of persons" appointed by the Emergency Manager. It appears that such a representative/representatives will be selected irrespective of votes by selected classes. Why is that an impression without clarity?

**59."Current Accrued Annual Pension"**

" The Cost of Living Allowance" (COLA) eliminations are other reductions in the pension allowance. Please note: Social Security recipients receive COLA no matter how minimal the monthly check amount that a recipient receives.

**60. " Detroit VEBA - Voluntary Employees Beneficiary Association "**

What parameters will exist for this association; function and time references? This references types of insurance!

PG.13/120

**72. " Disbursing Agent"**

Who is this agent and/or his company? What is the verified level of expertise?

PG. 14/120

**81. " Document Website - <http://www.kccllc.net/Detroit>**

The Plan of Adjustment and The Disclosure Statement should be mailed to all pensioners as well as being available electronically. There should not be assumptions of all parties having access to computers!

**PLAN OF ADJUSTMENT - OBJECTIONS BY CONSTANCE M. PHILLIPS - DETROIT, MI. CHAP. 9**

PG. 15/120

(3/31/2014 - Pg. #3)

**A. Defined Terms**

**108. "DWSD Transaction"**

The transfer of assets is implied. If the transaction does not occur what happens to pensions? An alternate plan is not identified. For consideration, it is a situation of either/or, how fair is this?

**110. " Electing GRS Holder" means any Holder of a GRS Pension Claim who elects to participate in the Plan GRS Settlement on a timely--returned Ballot accepting the Plan.**

An either/or circumstance seems apparent! One can accept The Plan thus implying agreement with all of its components. No other options seem to be identified!

PG. 16/120

**113.,114., 115 - Employees Death Benefit Plan Informational References**

All references are made in all three areas to retired officers and employees of the City. Information does not clearly state that other "Retirees" are to be included in the provision of benefits.

**122 " Fee Examiner"**

What is the expertise of Mr. Fishman and his company which is based in Chicago, Illinois?

PG. 17/120

**126. Fee Review Professionals"**

A reference to a capitation amount for expenditure reimbursement would be helpful to address reducing costs for the Bankruptcy; but it is not identified.

**131. " Foundation"**

A generic reference is given and negates the involvement of the DLA Corporation.

**136. " GLWA" - means the Great Lakes Water and Sewage Authority ,to be formed pursuant to a DWSD Transaction to conduct the operations currently conducted by the DWSD as described in Section IV. A. 2.**

The GLWA Authority formation has not been crystallized but payments to the pension funds hinge on the projected formation. Nominal information is available!

**PLAN OF ADJUSTMENT - OBJECTIONS BY CONSTANCE M. PHILLIPS - DETROIT, MI. CHAP. 9**

PG. 18/120

**A. Defined Terms**

(3/31/2014 - Pg. #4)

**138. " GRS Adjusted Pension Amount means, with respect to a Holder of a GRS Pension Claim , the Current Accrued Annual Pension"**

A retired Holder is projected to be a recipient of a 34% reduction. This rate of reduction follows upon the heels of individual payments for health care for those persons who are under the age of 65.  
Thus one is slated to receive 66% of a pension for 10 years!

**142. GRS Restoration Payment**

An approximate 10 year time line is once again referenced to the year 2023. The restoration rate takes the payments to pensioners to 80%. What happens to the remaining 20% to take one to the 100% level?

PG. 20/120

**175. "New - GLWA Revolving Bond Documents"**

The Transaction has crucial bearing on the establishment of the new Water Authority. The bonds will provide resources only if the Authority is formed. No other option is afforded under this plan at this point.

PG. 22/120

**193. " PFRS Adjusted Pension Amount"**

The PFRS is projected to get a 10% reduction in pension benefit amounts. Why is this group the only sector of retirees slated for this type of reduction?

PG. 24/120

**218. "Retiree Committee"**

" Retiree Committee" means the official committee of retired employees first appointed by the United States Trustee in the Chapter 9 Case on August 22, 2013 ( Docket No. 566 ) as such committee may be reconstituted.

\* Why may this committee be reconstituted, i.e. reorganized as an entity working on behalf of Retirees? It is absolutely key to our well-being and should be retained at a minimum for five years until the components of bankruptcy are designed, developed, revised, and completed with full execution of the legal points as related to Retirees. The process thus far has been complex and needs to have a body that has been present from the onset.

**PLAN OF ADJUSTMENT - OBJECTIONS BY CONSTANCE M. PHILLIPS - DETROIT, MI. CHAP. 9**

(3/31/2014 - Pg. #5)

PG.24/120

219. " Retiree Health Care Litigation" means the adversary proceeding captioned as Official Committee of Retirees of the City of Detroit, Michigan , et al. v. City of Detroit, Michigan, et al., Case No. 14-04015 (Bankr. E.D. Mich.), filed in the Chapter 9 Case on January 9, 2014.

\*Information was initially secured and provided to Detroit Retirees about a potential health care provider option through Blue Cross Blue Shield. The negotiations are in process and not finalized but yet the service will only be available until December 2014. It is now 3/2014. The communication pattern and progress on finalization is very poor and very slow.

PG.26/120

247. " State GRS Consideration" means an amount up to \$ 175,000, 000 to be deposited by the State into the GRS in accordance with the Plan GRS Settlement and Section II. B3 u. ii.1; provided that the amount of the State GRS Consideration shall be reduced by certain amounts attributable to the payment of pension benefits owing to Holders of GRS Pension Claims with household income less than a threshold amount (a) tied to a percentage of federal poverty levels and (b) to be determined pursuant to further discussions between the City and the State.

*THIS REFERENCE TO A PENSION NOW LINKED TO FEDERAL POVERTY LEVELS IS IRREPREHENSIBLE! ALSO VAGUE DETERMINATION REFERENCES ARE MADE ABOUT FUTURE DISCUSSIONS THAT CAN HAVE A BEARING ON THE PENSION AMOUNTS! HOW ARE WE PENSIONERS TO VOTE ON SUCH AN ENDEAVOR TO ACCEPT THIS COMPONENT OF THE PLAN?*

248. " State PFRS Consideration" means an amount up to \$ 175,000, 000 to be deposited by the State into the PFRS in accordance with the Plan PFRS Settlement and Section II. B 3 T. ii.g; provided that the amount of the State PFRS Consideration shall be reduced by certain amounts attributable to the payment of pension benefits owing to Holders of GRS Pension Claims with household income less than a threshold amount (a) tied to a percentage of federal poverty levels and (b) to be determined pursuant to further discussions between the City and the State.

*IN THIS CIRCUMSTANCE PFRS AND GRS ARE BEING TREATED ALIKE AND TOTALLY UNFAIRLY! NONE OF US WORKED TO BE INCOME RECIPIENTS AT THE FEDERAL GOVERNMENT POVERTY LEVELS.*

PG. 27/120

**262. " Voting Deadline:**

The Voting Deadline should have been determined when the Plan of Adjustment was developed and included in the documents which were available on the Internet - ( Plan & Disclosure Statement)!

PGS. 29-30/120

**" B. Classified Claims - Unsecured Claims"**

Unsecured Claims ( 10) PFRS - Police and Fire Retirement System and (11) GRS - General Retirement Systems  
Why are these Retiree Claims so very low on the classified list of 15 classes? It appears that these two groups are almost of no consequence; no regard for employees who completed tenures in the workforce for the City of Detroit!

PG. 31/120

**"A. Treatment if DWSD Transaction Consummated"**

The details of the/an actual transaction are needed thus current residents in addition to the Retirees can realize the potential impacts, i.e. costs for water service provisions and projected contributions to the Retiree Pension Systems.

PG. 35/120

**n. Class 4 HUD Installment Note Claims**

This information cross reference with Claims listing on pages 29-30. When does the City of Detroit through its recently appointed Emergency Manager plan to collect from the downtown hotels on the monies owed? Perhaps, some of these funds could assist with the Retiree Pension Payments. The tally due is noted.

Book Cadillac I.	\$7,486,218.00
Book Cadillac Note II.	\$10,938,812.00
Fort Shelby Note	<u>\$18,664,190.00</u>
Total	<u>\$37,089,220.00</u>

PG. 37/120

**t. Class 10 - PFRS Claims**

**i. Allowance**

**ii. Treatment ( A-E)**

Several aspects as to how pension benefits for PFRS are addressed. Interestingly, no federal poverty level guidelines are noted here.

PG. 38/120

**G. Plan Settlement**

This plan settlement allows for pension availability for 20 years with State support only if Classes (10) and (11) accept the Plan for PFRS. Pensioners could conceivably live longer than 20 years.

**PLAN OF ADJUSTMENT - OBJECTIONS RE: CHAPTER 9 OF THE BANKRUPTCY CODE - DETROIT, MICHIGAN**  
**PREPARED BY: CONSTANCE M. PHILLIPS, RETIREE AS OF 2/2012**  
PG. 38/120 (3/31/2014 - Pg. #7)

**H. Establishment of VEBA**

This entity to address life and death insurance benefits at the time of the plan is not formerly established. These key insurance benefits may be in jeopardy if the City is not responsible immediately at the time of the Confirmation Hearing.

PG. 39/120

**ii. B. Investment Return Assumption**

The timeline for GRS is once again June 30, 2023 about nine years from this point in time; prior to April 1, 2014. An approximate time of nine years is a shortfall as to longevity for pensioners!

**ii. G. Potential Transfer of DWSD-Related Pension Liabilities**

The non-established Water Authority will handle the pension for DWSD employees. This process seems very tenable!

PG. 40/120

**I. GRS Settlement**

An opportunity to receive benefits for 20 years seems to be identified if Classes (10) and (11) accept the Plan. Any or all Retirees, regardless of the GRS/ PFRS Pension System can live well beyond the 20 years noted in the documents for the Confirmation Order.

PG. 41/120

**C. Confirmation Without Acceptance By All Impaired Classes**

"The City request Confirmation under section 1129(b) of the Bankruptcy Code in the event that any impaired Class does not accept or is deemed not to accept the Plan pursuant to section 1126 of Bankruptcy Code. The Plan shall constitute a motion for such relief."

**Confirmation as noted makes the ballot for approval process seem nullified!**

PG. 43/120

**ARTICLE III. - CONFIRMATION OF THE PLAN**

**A. Conditions Precedent to the Effective Date**

3. " The Confirmation Order shall not be stayed in any respect".

**WHEN IN THIS COUNTRY CAN ONE NOT APPEAL A LEGAL PROCESS?**



7. " If Classes 10 and 11 accept the Plan, all conditions to the effectiveness of (a) the Plan PFRS Settlement set forth in the Plan PFRS Settlement Documents and (b) the Plan GRS Settlement set forth in the Plan GRS Settlement Documents have been satisfied".

If all parties do not agree the process of having votes on settlement documents will be void. What recourse will be undertaken to provide resolutions?

PG. 44-120

All components of the Plan of Adjustment filed on February 21, 2014 were reviewed extensively. The document further contained references to the Bond Issues voted upon by the City Council and the budgetary descriptions for bond costs and projections for several years.

PG. 88/120

**Schedule for HUD Installment Notes**

Information is listed for the monies owed specifically for the Book Cadillac Hotel's two projects and the Fort Shelby Hotel's project.

**ADDITIONAL INFORMATION:**

Additional information that is provided with this Objection includes information about my specific Retirement Enrollment documents completed in 2012.

*\*\* (For the 4/28/2014 submission these references are not provided.)*

Also, copies of the pages from the Plan of Adjustment that are referenced in the Objection are given for a quick review.

*\*\* (For this 4/28/2014 submission these pages from the 2/21/2014 Plan of Adjustment are not provided.)*

**EXHIBIT – SIX (4/01/2014)**  
**OBJECTION – DISCLOSURE STATEMENT**  
**DOCKET 2709**

March 31, 2014

**CITY OF DETROIT  
DISCLOSURE STATEMENT – OBJECTIONS  
INFORMATION RE: FORM 2709  
PROVIDED BY CONSTANCE M. PHILLIPS  
DETROIT RETIREE (2/2012)**

Information for Objector:

Constance M. Phillips (City of Detroit -Pension # 169106)

Email: cphillips25000@comcast.net

2720 E. Lafayette # 103

Detroit, Michigan 48207

First and foremost I note objections to the information process regarding the dissemination of the Disclosure Statement for the City of Detroit which was filed on February 21, 2014 with the Federal Bankruptcy Court. Within the Disclosure Statement with Respect to the Plan of the Adjustment of Debts of the City of Detroit a timeline should have been devised whereby all debtors (City of Detroit Retirees and Active City Employees) were officially notified of the filing in writing. Assuming all persons in the community have access to computers is unwise! Knowledge of the content of this and other Bankruptcy filing is of paramount importance. *This document is key to each person's retirement survival! I am very glad that I reviewed both the Disclosure Statement and the Plan of Adjustment.*

I prepared comments for submission to the City of Detroit Attorneys and delivered those remarks on the requested due date, March 14, 2014. I also prepared a Proof of Claim document expressing my understanding that by completing City of Detroit Retirement Application Forms I am entitled to a Pension as earned. It was submitted on the due date, February 20, 2014.

Communication should have been available that allowed “debtors” noted above to receive a hard copy of this document via distribution at a Coleman A. Young Municipal Center location or at some other site within City limits. This request is noted and made for future reference as the bankruptcy process continues.

- Communicate via Public Service Announcements on television and radio.
- List all key documents on City of Detroit Web Sites with clear references and directions to seek information from the Emergency Manager's Office.
- Provide direct mailings to each debtor noted above about information availability through a website.

- Develop a method to distribute major changes to the currently proposed Disclosure Statement using a hard copy format.

Did anyone working on the legal teams check with any of the following community resources that can provide current statistics on longevity rates of older adults from both national and local perspectives. Wayne State University – Institute of Gerontology; the Area Agency on Aging Network, local major medical providers – hospitals, or the medical schools within the State of Michigan, etc.?

What happens to retirees after either the 10 or 20 years of a projected and limited reduced pension? Retirees may live beyond either of the noted time projections! There are no recourses identified in the Disclosure Statement.

The Disclosure Statement with Respect to the Plan of Adjustment of Debts of the City of Detroit also references on pages 30 and 31 of the 440 page document a time limit, i.e. reductions in the provisions of benefits to actual current retirees, and current employees. A time line of 20 years is noted. A Retiree could easily live beyond the given time line allotment of twenty years. At that point what are persons expected to use for income? This limit affects the actual retirees as well as their heirs in cases of the non-continuance of pension or death benefits. Once again, why was the twenty year time line determined and with what basis of fact?

ALL RETIREES WORKED WITH THE EXPECTATION THAT RETIREMENT-PENSION BENEFITS WOULD BE PROVIDED UNTIL DEATH AND WITH THE PROVISION FOR HEIRS TO BE RECIPIENTS OF BENEFITS, AFTER AN INDIVIDUAL RETIREE's DEATH. (See the attached copies of these two pages; 30 & 31 of 440 pages).

In conclusion, I did briefly review this document in its entirety and noted that the references to include the current leaders/unions in the negotiation process to determine settlements were omitted. To date, they have been integral parties to negotiation procedures but are now negated. Also, the Retiree Committee should not be eliminated discontinued or involved in any process of dissolution from all procedures as the “proposed” ten or twenty year time lines are identified for consideration. A pertinent voice for Retirees will continue to be needed.

**FILE NAME: BANKRUPTCY DISCLOSURE COMMENTS 3/3/2014**

**EXHIBIT –SEVEN (2/21/2014)**  
**PROOF OF CLAIM**

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor:  City of Detroit, Michigan	Case Number:  13-53846	<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">FEB 21 2014</div> <div style="font-weight: bold; margin: 10px 0;">US Bankruptcy Court MI Eastern District</div> <div style="text-align: right; font-weight: bold; margin-top: 20px;">COURT USE ONLY</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Check this box if this claim amends a previously filed claim.             Court Claim Number: _____            (If known)             Filed on: _____         </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.         </div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Constance Mary (M.) Phillips		
Name and address where notices should be sent: Constance M. Phillips 2720 E. Lafayette Apt. #103 Detroit, Michigan 48207  Telephone number: (313) 510-3820      email: cphillips25000@comcast.net		<input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above): (Same)  Telephone number:                      email:		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>30,599.62</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Recent Retiree- Detroit General Retirement System 2/2012 *</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  <div style="text-align: center; font-family: monospace; font-size: 1.2em;">2   3   1   0</div>	<b>3a. Debtor may have scheduled account as:</b>  <div style="text-align: center; font-family: monospace; font-size: 1.2em;">0</div> (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  <div style="text-align: center; font-family: monospace; font-size: 1.2em;">0</div> (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:  <div style="text-align: right;">\$ 0.00</div>		Basis for perfection: <u>Implied Contract</u>  Amount of Secured Claim: \$ 0.00  Amount Unsecured: \$ 30,599.62
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: <u>Monthly Pension- Including Health, Dental and Optical Insurance plus Death Benefits - Health Restoration Needed</u>		
Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input checked="" type="checkbox"/> Variable (when case was filed)		
Amount entitled to priority:  <div style="text-align: right;">\$ 30,599.62</div>		
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input checked="" type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: **Not Applicable**

**8. Signature:** (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Constance M. Phillips

Title: Retired - General Manager

Company: City of Detroit Municipal Government

Address and telephone number (if different from notice address above):  
2720 E. Lafayette #103 (Same)

(Signature)

02/20/2014

(Date)

Telephone number: (313) 510-3820 email: cphillips25000@comcast.net

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:** 13-53846-tjt Doc 6862-1 Filed 08/18/14  
Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).**

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Entered 08/19/14 10:25:27 Page 31 of 57

## DEFINITIONS

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. § 506 (a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. § 507 (a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

## INFORMATION

**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



CITY OF DETROIT ENUMERATION OF BENEFITS  
PENSION STATEMENT ENUMERATION FOR CONSTANCE M. PHILLIPS (#2310)  
BENEFITS RECEIVED IN 2013  
(SEE ATTACHED 1/1/2014 PENSION STATEMENT)

1)	PENSION (ALLOF 2013)		\$23,204.02
2)	INCLUSIVE OF THE FOLLOWING PAYMENTS AND BENEFITS		
	FEDERAL TAXES	\$206.28 X 12 MONTHS	2,475.36
	MI. STATE TAXES	\$76.76 X 12 MONTHS	921.12
	HEALTH COVERAGE	\$117.36 X 12 MONTHS	1,408.32
	DENTAL COVERAGE	\$85.99 X 12 MONTHS	71.88
	OPTICAL COVERAGE	\$1.07 X 12 MONTHS	12.84
	DEATH BENEFIT	\$.09 X 12 MONTHS	1.08
3)	NET PAYMENT PER MONTH \$1,398.66 X 12 MONTHS		16,783.92
4)	GROSS PAYMENT PER MONTH \$1,806.21 X 12 MONTHS		\$21,674.52
5)	THE PAYMENT FOR 1/2014 = \$1,806.21 + \$23,204.02 = \$23,480.72		
** THERE IS A VARIANCE OF AN ADDITIONAL \$276.71 ON THE PART OF THE CITY			
1)	PENSION ( 8 MONTHS SINCE BANKRUPTCY FILING *		
2)	INCLUSIVE OF THE FOLLOWING PAYMENTS AND BENEFITS		\$14,449.68
	FEDERAL TAXES	\$206.28 X 8 MONTHS	1,650.24
	MI. STATE TAXES	\$76.76 X 8 MONTHS	614.08
	HEALTH COVERAGE	\$117.36 X 8 MONTHS	938.88
	DENTAL COVERAGE	\$85.99 X 8 MONTHS	47.92
	OPTICAL COVERAGE	\$1.07 X 8 MONTHS	8.56
	DEATH BENEFIT	\$.09 X 8 MONTHS	0.72
3)	NET PAYMENT PER MONTH \$1,398.66 X 8 MONTHS = \$11,189.28		
4)	GROSS PAYMENT PER MONTH \$1,806.21 X 8 MONTHS = \$14,449.68		
( DETROIT BANKRUPTCY FILING - 7/2013, 8/2013, 9/2013, 10/2013, 11/2013, 12/2013, 1/2014 AND 2/2014 TO DATE			
SIGNED: <i>Constance M. Phillips</i>			
<i>Constance M. Phillips</i>			

HEALTH INSURANCE FINANCIAL CHANGE FACTOR FOR CONSTANCE M. PHILLIPS (#2310)  
THE CITY OF DETROIT AS OF MARCH 1, 2014 DOES NOT PROVIDE HEALTH COVERAGE TO  
EMPLOYEES UNDER THE AGE OF 65.

I SECURED A HEALTH ALLIANCE PLAN IN JANUARY, 2014  
THE MONTHLY INSURANCE PREMIUM IS \$ 616.30 PER MONTH  
\$616.30 X 12 MONTHS = \$7,395.60

\*\* (SEE E-MAIL CONFIRMATIONS OF THE POLICY PLAN FROM THE HEALTH ALLIANCE PLAN)

SIGNED

  
\_\_\_\_\_

  
2/26/2014

February 20, 2014

Constance M. Phillips' Narrative to City of Detroit Bankruptcy Claim (#2310)

I was employed with the City of Detroit for a number of years 1991-2004, and 2010 until February, 2012. Additionally, I worked with the Detroit Housing Commission from 2004-2006 as it progressed through organizational transition under the federal direction of the U.S. Department of Housing and Urban Development. I possess both an undergraduate degree in Social Science from Michigan State University and a graduate degree from Wayne State University in Guidance and Counseling.

I retired from the City of Detroit as a General Manager from the Department of Human Services to utilize vested funds promised! This City Department had been in existence for over thirty years to assist the poorest of the poor of the citizen constituency. This department was funded with federal funding. The federal money did allow for staff pensions to be paid from the annual allocations that operated the department.

The Department of Human Services experienced an unexpected change in the administrative leadership in May of 2011 as requested by the then current Mayor - Mr. Dave Bing. I was the only one of four top executive staff members who was retained. I passed background investigation reviews conducted by both the Federal Bureau of Investigation and the City of Detroit Police Department's Internal Affairs Division. I continued working. I undertook the daunting task of covering four professional positions in the person of one individual to help the department continue to progress. In the summer of 2012 the department closed and the City returned federal funds to the federal government: Health and Human Services - Administration for Children and Families (Head Start);

Health and Human Services – Community Services Block Grant – Community Action Agency ; and the Department of Energy – Weatherization Services. To my knowledge the government did not request the return of funds.

The federal government funding sources did not request that the City of Detroit return federal funds. During my professional career of over 30 years of working with both federal government and foundation grant funded programs, an assistance plan is normally provided to allow an awardee to best utilize funding. The usual procedure is for the Grant Officer to work with a funded entity to overcome difficulties for the best benefits of the clientele to be served. The best Detroit example is the Detroit Housing Commission and its recent restoration to the City of Detroit.

--Money was provided for pension payments; where is it?

--What entity ensures the Detroit pension?

--How does a citizen who diligently worked with grant programs for over 37 years get answers as to what concern is going to pay my City pension which was earned and is not a gift?

--When does Detroit plan to once again serve the income eligible population among its residents? I ask because I may need services in the very near future.

Upon deciding to retire from my position in January 2012, I researched my fiscal options; the availability of a retirement benefit option of 10 years of employment and an achieved age of 60 years with the included provision of health care benefits, dental and optical and death benefit insurance; existed . I was also eligible for earned benefits from previous employers. Those benefits did not include health insurance coverage. Now, I will be financially stressed to pay a health insurance bill of \$7,395.60 annually. My quality of life will be drastically affected.

I am aware that the leadership of various unions within the City representing Retirees and Current employees has filed claims against the Bankruptcy Filing and has been in continual discussion with the court appointed mediators to aid us all. I

have also taken a keen interest in this process by attending more than six public court sessions on this process. I was present in court when approximately 50 persons came before Judge Stephen Rhodes and presented their individual circumstances opposing the bankruptcy and detailing how their lives would be disrupted and changed if the pensions and benefits were not available.

Signed:

Constance M. Phillips

2/20/2014

Constance M. Phillips – Retired City Employee

Date

**PENSION STATEMENT**

General Retirement System \*  
of the City of Detroit  
2 Woodward Ave Ste 908  
Detroit, MI 48226-3455

Page 001 of 001

Period Beginning: 12/01/2013  
Period Ending: 12/31/2013  
Advice Date: 01/01/2014  
Advice Number: 1100885588  
Batch Number: 000000000515

Retirement Code E-10-2-1

**PHILLIPS, CONSTANCE**  
2720 E LAFAYETTE ST APT 103  
DETROIT MI 48207-3959

Tax Code Single 0 exemptions  
Pension No 169106  
Social Security No XXX-XX-2310

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	1806.21	0.00	1806.21	23204.02	Federal Income Tax		206.28	206.28
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		76.76	76.76
					Medical-HAP	EBRDA100	117.36	117.36
					Death Benefit	00040210	0.09	0.09
					Dental-Dencap Dental	00050071	5.99	5.99
					Vision-Heritage	00040051	1.07	1.07

Gross Pay

1806.21

23204.02

Total Deductions

407.55

407.55

Net Pay

\$1,398.66

**IMPORTANT NOTES**

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General Retirement System  
of the City of Detroit  
2 Woodward Ave Ste 908  
Detroit, MI 48226-3455

Advice Number: 1100885588

Advice Date: 01/01/2014

Deposited to the account of  
PHILLIPS, CONSTANCE

Checking

Account Number

Transit ABA

Amount  
\$1,398.66

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**



January 30, 2014

Dear Member:

Thank you for choosing HAP as your health plan partner. We appreciate your loyalty because everything we do – from the way we answer your questions, ensuring quality care through our leading doctors and hospitals to offering valuable member programs, is all done with you in mind.

Enclosed is your HAP Member Guide, which includes notifications that we are required to provide to you on an annual basis. The guide provides helpful information relating to your coverage, benefits, services, programs and the plan extras that are yours as a HAP member.

Inside you'll find what you need to make the most of your membership with us and become more familiar with how your health plan works such as:

- A helpful chart that outlines where to seek care
- Steps to help you select a doctor
- Details about our member discount program
- Information about convenient online tools
- Notice of Privacy Practices
- And much more...

If you have any questions, please call HAP Client Services at the number on the back of your HAP ID card. If you are deaf, hard of hearing or speech impaired, please use our TTY/TDD line at (800) 649-3777.

Sincerely,

Richard D. Chaney  
Vice President, Client Services

Congratulations! Your HAP Personal Alliance<sup>®</sup> health plan application has been approved! For over 50 years, HAP has worked to provide you with best-in-class health plans and award winning customer service.

Your plan is approved at the rate of \$616.30 per month. The premium includes new federal and state taxes and fees as part of the Affordable Care Act, which amount to approximately 3.2 percent of the total.

**Your Effective Date and Billing Cycle:**

Your effective date is March 1<sup>st</sup> 2014. To avoid gaps in coverage, the premium will be charged to your credit card/bank account on a monthly basis, on or about the 26th of the month prior to your effective date upon receipt.

After making your initial payment, you will be able to manage future payments at [hap.org](http://hap.org). To do this, please follow these steps to access the payment portal:

*[Handwritten signature]*



cphillips25000

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Spam  
Trash

CLOSE You have a Secure Message from Health Alliance Plan

From Subject

Click the SecureEnvelope attachment to view the message from dbrown4@hap.org.

You have a Secure Message from Health Alliance Plan

Sent By: dbrown4@hap.org On: Jan 01/23/14 12:33 PM

To: cphillips25000@comcast.net

SecureEnvelope.html (44.5 KB) [Download](#) | [Remove](#)

Click the SecureEnvelope attachment to view the message from dbrown4@hap.org.



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EXTRA **15% OFF**  
SOFAS

OR **0% TIL 2017**



**NO TAX**  
FRI. 6PM-9PM  
SAT. 9AM-1PM  
[CLICK FOR DETAILS](#)

Handwritten signature: JSP

## PROMOTIONS



A 1 x 100 A 5 x 100 x 100

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New Get Mail Reply Reply to All Forward Delete Move Spam Print

CLOSE Approval Email

From Subject

Holly Rankin, Constance Did you receive your approval email earlier today? Thank you we appreciate your business! Holly Rankin, FFM#

## Approval Email

Sent By: "Holly Rankin" &lt;hrankin@hap.org&gt; On: Jan 01/23/14 4:14 PM

To: cphillips25000@comcast.net

Constance,

Did you receive your approval email earlier today?

Thank you we appreciate your business!  
 Holly Rankin, FFM#: hrankin, NPN#: 16528400  
 Sales Representative, Personal Alliance  
 Consumer Solutions  
 Health Alliance Plan  
 2820 W. Grand Blvd.  
 Tower 14, 4<sup>th</sup> Floor  
 Detroit, MI 48202  
 248-443-1134  
 Fax 313-664-5431  
 hrankin@hap.org



Personal Alliance

"Enhancing the Health and Well-Being of the Lives We Touch"

CONFIDENTIALITY NOTICE: This communication contains information from Health Alliance Plan that may be CONFIDENTIAL, LEGALLY PRIVILEGED, PROPRIETARY, or otherwise not intended for public use. If you are not the intended recipient, any use, disclosure, copying, distribution, printing, or any action taken in reliance on the contents of this communication is strictly prohibited. Please notify the sender if you have received this message in error. Thank you.

*Handwritten signature:*  
 C. Phillips  
 1/23/14

&lt;

## PROMOTIONS



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**EXHIBIT – EIGHT (2/21/2014)**  
**COPY OF RETIREMENT DOCUMENTS**  
**SIGNED WITH THE CITY OF DETROIT (3/15/2012)**

CITY OF DETROIT  
RETIREMENT BENEFIT APPLICATION DOCUMENTS COMPLETED WITH  
THE  
CITY OF DETROIT PENSION ON 3/15/2012

GENERAL RETIREMENT SYSTEM  
RETIREMENT APPLICATION CHECKLIST

Initial Selections

1. TYPE OF RETIREMENT

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Service Retirement | <input type="checkbox"/> Duty Disability Retirement | <input type="checkbox"/> Widows Pension   |
| <input type="checkbox"/> Early Retirement              | <input type="checkbox"/> Non-Duty Disability        | <input type="checkbox"/> Vested Pension-Current Annuity Balance                 |
| <input type="checkbox"/> Conversion                    | <input type="checkbox"/> Survivors Pension          | <input type="checkbox"/> Vested Pension-Pension Retroactive to Eligibility Date |

2. OPTION SELECTION

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Straight Life      | <input type="checkbox"/> Option 1 (Cash Refund Annuity)      | <input type="checkbox"/> Option A (75% Survivor) |
| <input type="checkbox"/> No option required | <input checked="" type="checkbox"/> Option 2 (100% Survivor) | <input type="checkbox"/> Option B (25% Survivor) |
|   | <input type="checkbox"/> Option 3 (50% Survivor)             |  |

I understand that with selection of Straight Life or Option 1 there will be no spousal health care benefits after retiree's death.

3. UNUSED SICK PAY OPTION

☒ YES

☐ NO

4. POP-UP SELECTION

☐ YES

☒ NO

5. EQUATED SOCIAL SECURITY OPTION

☐ AGE 62

☐ AGE 65

I understand that my gross monthly pension will be reduced effective the first day of the month following my \_\_\_\_\_ birthday.

6. MATERNITY LEAVE (7-2-65 TO 9-19-72)

☐ YES

☐ NO

7. DEFINED CONTRIBUTION PLAN (Annuity Fund)

- |   |  |
|---|--|
| <input type="checkbox"/> No Withdrawal        | <input type="checkbox"/> Partial Withdrawal            |
| <input type="checkbox"/> Previously Withdrawn | <input checked="" type="checkbox"/> Total Withdrawal   |
|   | <input type="checkbox"/> Rollover-Form to be submitted |

Annuity Withdrawal Forms and Interest Letter Received

~~Bonus Distribution Notice Reviewed~~

8. WITHHOLDING TAX

- |  |                                  |                     |
|--|----------------------------------|---------------------|
| <input type="checkbox"/> No withholding        | <input type="checkbox"/> Married | <u>1</u> Exemptions |
| <input type="checkbox"/> Fixed amount \$ _____ | <input type="checkbox"/> Single  | _____ Exemptions    |

STATE WITHHOLDING TAX

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 1. Not taxable | <input type="checkbox"/> 2. Before 1946 | <input checked="" type="checkbox"/> 3. Between 1946 and 1952 | <input type="checkbox"/> 4. After 1952 |
|---|---|--|--|

9. DIRECT DEPOSIT

☒ YES

☐ NO

GENERAL RETIREMENT SYSTEM  
RETIREMENT APPLICATION CHECKLIST  
(Page 2)

Initial Selections

10. HOSPITALIZATION

☐ Declined/Not Entitled

☒ H.A.P.

☐ Blue Cross

☐ Blue Care Network

☐ Community Blue

☐ COBRA

11. EYE CARE COVERAGE

☐ Declined/Not Entitled

☒ Heritage

☐ Spectera

12. DENTAL COVERAGE

☐ Declined/Not Entitled

☐ Blue Cross

☐ Golden Dental

☒ DenCap

13. DEATH BENEFIT

☒ YES

☐ NO

14. GROUP LIFE INSURANCE (Disability Only)

☐ YES

☐ NO

15. GROUP LIFE INSURANCE-WAIVER OF PREMIUM  
(TOTAL & PERMANENT DISABILITY)

☐ YES

☐ NO

16. PROOF OF BIRTH

EMPLOYEE

☒ Supplied

☐ To Be Supplied

BENEFICIARY

☒ Supplied

☐ To Be Supplied

17. MARRIAGE CERTIFICATE

☐ Not married

☐ Supplied

☐ To Be Supplied

18. DIVORCE/EDRO

☐ YES

☐ NO

19. BENEFICIARIES CONFIRMED

ANNUITY  
DEATH BENEFIT  
LIFE INSURANCE

20. MILITARY SERVICE PURCHASED

☐ YES

☐ NO

I acknowledge that any outstanding balance for the purchase of military service time must be paid in full before my retirement

\*\*\*\*\*  
I HEREBY CERTIFY THE FOLLOWING:

1. I have carefully read the above.
2. I understand the benefits and the options available.
3. I had the opportunity to ask questions.
4. I understand changes will not be allowed after I cash my first pension check or 180 days after my retirement date, whichever comes first.

✓ Constance M. Phillips  
SIGNATURE

✓ 3/15/2012  
DATE

Larisha Koon-Carter  
WITNESS

**City of Detroit**  
**GENERAL RETIREMENT SYSTEM**  
**APPLICATION FOR SERVICE RETIREMENT**

To the Board of Trustees, City of Detroit  
General Retirement System:

PENSION NUMBER

SOCIAL SECURITY NUMBER

I, Constance Phillips, a member of the Retirement System, hereby apply for service retirement in accordance with the provisions of the law and related rules and regulations.

My date of birth is:

Month 5 Day 30 Year 1950

I request my retirement to be effective:

Month 4 Day 10 Year 2012

I desire my retirement allowance benefits sent to:

No. 2720 Street E. Lafayette #103  
City Detroit State Mi 48207

My title on the payroll is:

Department employed in:

General Manager  
Human Services

In connection with my application for retirement on 4-10-2012, I request a refund of \$ 100% from my Annuity Savings Fund.

I elect to receive my retirement allowance in the following form of payment:  
(place one X in a square on each line; a total of two X's.)

☒ STANDARD

☐ EQUATED  
Increased to Age  
& Decreased Thereafter

If you selected  
this option please  
initial \_\_\_\_\_

☐ REGULAR  
STRAIGHT LIFE  
Allowance

☐ OPTION 1  
Cash Refund  
Annuity

☒ OPTION 2  
Joint and 100%  
Survivorship

☐ OPTION 3  
Joint and 50%  
Survivorship

☐ OPTION A  
Joint and 75%  
Survivorship

☐ OPTION B  
Joint and 25%  
Survivorship

(Write plan of retirement elected) Option 2-100% Survivorship

If option 2, 3, A or B elected, do you desire Pop-Up Plan Protection?

Yes ☐ No ☒

Constance M. Phillips  
Signature of Member

I nominate as my beneficiary:

Gail L. Phillips

Beneficiary's date of birth:

Month 6 Day 17 Year 1953

Beneficiary's Address

No. \_\_\_\_\_ Street \_\_\_\_\_

Beneficiary's place of birth:

Illinois

Beneficiary's Soc. Sec. Number:

4371

City \_\_\_\_\_ State \_\_\_\_\_

Beneficiary's relationship to me:

Sister

Sex

Female

PROOF OF BIRTH DATE OF BENEFICIARY REQUIRED IF OPTION 2, 3 A OR B, IS ELECTED

Dated at Detroit Mich. this 15<sup>th</sup> day of March 20 12

Lashon Moore-Carter  
Signature of Witness

Constance M. Phillips  
Signature of Retiring Member

Any balance under Option 2, 3, A or B is to be paid to my \_\_\_\_\_

Relationship

date of birth \_\_\_\_\_

Name of Beneficiary

Dated \_\_\_\_\_

Signature of Member

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**City of Detroit General Retirement System  
Signature Card**

Name Constance Phillips Pension No. 169106

Address 3720 E. Lefayette, #103  
Detroit, Mich. 48207  
City State Zip

Social Security Number [REDACTED] 2310

Signature of member Constance M. Phillips

The above signature was executed in my presence on

13-15-2012  
Mo Day Year

L. Jisha Moon-Carter  
Notary Public of 3-15-2012

My commission expires \_\_\_\_\_





**GENERAL RETIREMENT SYSTEM  
OF THE  
CITY OF DETROIT**

**UNUSED SICK LEAVE DECLARATION FORM**

Social Security Number                     - 2310

I, Constance Phillips, hereby elect to (select one)  
Print Name

☒ Have the value of 25% of my Unused Sick Leave On Retirement benefit included in my Average Final Compensation calculation.

☐ Have the applicable percentage of my Unused Sick Leave On Retirement paid to me in the usual manner. I understand that this will result in **NOT** having the value of 25% of my Unused Sick Leave On Retirement benefit included in my Average Final Compensation calculation.

I UNDERSTAND THAT THE ABOVE ELECTION IS FINAL AND BINDING.

<u>Constance M. Phillips</u> Signature	<u>3/15/2012</u> Date
<u>J. Intra Yoon-Captin</u> Witness Signature	<u>3/15/2012</u> Date



2310  
Social Security Number

169106  
Membership Number

CITY OF DETROIT EMPLOYEES BENEFIT PLAN-CHAPTER VIII OF TITLE IX  
of the  
CHARTER OF THE CITY OF DETROIT

Benefit Payable Upon Death of Member

NOMINATION OF BENEFICIARY

Constance M. Phillips hereby direct the  
Governing Board of the City of Detroit Employees Benefit Plan, of the City of Detroit, to pay the amount of death benefit  
due ( as specified under the terms of the City Charter and Ordinances relating to this Employees Benefit Plan ) to  
my Sister CLARA L. PHILLIPS  
(Give Relationship of Beneficiary) (Give Full Name of Beneficiary)

whose date of birth is \_\_\_\_\_, whose residence address is \_\_\_\_\_

if living, otherwise to my \_\_\_\_\_  
(Contingent Beneficiary Relationship)

NOT APPLICABLE

\_\_\_\_\_ whose residence address is \_\_\_\_\_  
(Give Full Name of Contingent Beneficiary)

\_\_\_\_\_ if living; otherwise to my legal representatives.

Dated at DETROIT, MICHIGAN, this 15<sup>th</sup> day of APRIL, 20 12.

Laisha Morris-Carter  
(Signature of Witness)

Constance M. Phillips  
(Signature of Employee)

2140 E. LAFAYETTE #103  
No. Street  
DETROIT, MI 48204  
City State Zip Code

May 30, 1950  
Member's Date of Birth

C of D 151 -NO (Rev. 12-81)





RETIREMENT SYSTEMS  
OF THE  
CITY OF DETROIT

2 WOODWARD AVE STE 908  
DETROIT, MICHIGAN 48226  
PHONE 313-224-3362  
TOLL FREE 800-339-8344  
FAX 313-224-3522

## Substitute Form W-4P

Withholding certificate for pension or annuity payments

### PART 1

#### MEMBER DATA

Name

CONSTANCE M. PHILLIPS

Street Address

2428 E. LAWAYETTE #103

City

DETROIT

State

MI

Zip

48204

Social Security Number

[REDACTED] 2310

☐

If this is a new  
address please  
check this box

### PART 2

#### FEDERAL TAX WITHHOLDING INSTRUCTIONS

Please note:

- **Your City of Detroit retirement benefit is subject to federal income taxes.**  
Please use this form to instruct us whether you want us to withhold any amount from your monthly RSCD benefit for federal income taxes and, if so, how much.
- **You are liable for payment of federal income tax on the taxable portion of your pension.**  
If you elect not to have federal income tax withheld from your monthly benefit or if you do not have a sufficient amount withheld, you may be responsible for payment of estimated taxes. Additionally, if your withholding amount, if any, and/or payments of estimated taxes are not sufficient, you may be subject to tax penalties under the IRS's estimated tax rules.
- **Your tax withholding instructions, if any, will remain in effect until you change them, and you may change your instructions at any time during your retirement.**  
To change your withholding instructions, simply complete and submit a new Substitute Form W-4P, available on our website at [www.rscd.org](http://www.rscd.org), or call us and we will send you a form.
- **If you do not complete this form, RSCD must withhold federal income taxes as if you are married and claiming two withholding allowances.**  
If the taxable portion of your monthly benefit is more than the withholding level for a married person claiming two allowances, and you do not complete this form, we are required to withhold at the rate set for a married taxpayer with two allowances.
- **If you need help completing this form, please consult a tax expert or the IRS.**  
For more information on tax withholding, and the complete IRS Form W-4P which includes a step-by-step worksheet, please visit the IRS website at [www.irs.gov](http://www.irs.gov).

#### How to submit your completed form

Please make a photocopy of this form for your records, and then send the original to our office (address above).

Please be sure to submit your form so that we receive it by the 15<sup>th</sup> of the month that you want your withholding instructions to take effect (for example, by May 15<sup>th</sup> for your June 1 check).

Please indicate your federal tax withholding instructions by checking only **ONE** box below:

☐

I do **NOT** want any federal income taxes withheld from my monthly benefit.

☒

I want federal income taxes withheld from my monthly benefit based on the IRS tax tables and the marital status and number of exemptions claimed below, and I understand that the amount withheld will automatically change, if and when the federal tax rates are adjusted.

a) Marital status (check one)..... ☒ Single ☐ Married

b) Total number of exemptions claimed..... ☒ (if left blank, zero will be used)

☐

I want federal income taxes withheld from my monthly benefit in the flat amount of..... \$

/month

Signature

CONSTANCE M. PHILLIPS

Date

3/15/2012



# AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT

Constance M. Phillips hereby authorize the CITY OF DETROIT RETIREMENT SYSTEM to transmit my retirement benefit checks to my account # \_\_\_\_\_ at MICHIGAN FIRST CREDIT UNION  
(Name of Financial Institution)

I authorize and direct the said Financial Institution to charge said account, or the account of my Estate, for any payment made subsequent to my death, and to refund any such payment to the CITY OF DETROIT RETIREMENT SYSTEM, 2 Woodward Avenue Ste 908, Detroit, MI 48226.

I agree - for myself - my heirs - executors and estate - to indemnify and save the said Financial institution harmless from any and all loss or damage of any nature whatsoever by reason of said bank having entered into the above-described arrangement.

I reserve the right to revoke or cancel this authorization and agreement by giving written notice thereof to the CITY OF DETROIT RETIREMENT SYSTEM, and the MICHIGAN FIRST CREDIT UNION  
(Name of Financial Institution)

3/15/2012

(Dated)

Constance M. Phillips  
(Signature of Payee)

Social Security No. [REDACTED] - 2310

MY ADDRESS FOR CORRESPONDENCE IS:

2720 E. LAFAYETTE

Street Address

DETROIT

City

MICHIGAN

State

48204

Zip

(313) 393-3241

(313) 570-3828

Telephone No.

## FINANCIAL INSTITUTION TO COMPLETE THIS PART

We agree to the above provisions and in consideration of the release by the CITY OF DETROIT RETIREMENT SYSTEM from the requirement to file periodic affidavits that the retirant-depositor is alive, we hereby agree: (1) to notify the CITY OF DETROIT RETIREMENT SYSTEM should the retirant - depositor cease to maintain said account with us or should we receive notification of death of said depositor; (2) to pay CITY OF DETROIT RETIREMENT SYSTEM any sums forwarded to this bank under the City of Detroit Charter Provisions, after the death of said retirant-depositor.

ROUTING NO 2 7 2 0 7 8 3 6 CK DIGIT 5

SAVINGS ☐ CHECKING ☒ DEPOSIT ACCT. NO. \_\_\_\_\_

Name of Financial Institution MICHIGAN FIRST CREDIT UNION

Office address 27000 EVERGREEN RD.

City LAFAYETTE

State MI

Zip 48076

Authorized Signature of Financial Officer \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_



# Conversion of Group Life Benefits to an Individual Policy

**MetLife®**

<b>Part A – Conversion Privilege Notice To Eligible Person</b>		Date of this notice <u>3/15/2013</u>	
<p><b>To The Employee/Assignee:</b> The Group Term Life benefits in the amount(s) indicated below will be terminated on (Date) _____</p> <p>You may apply for an individual Life Insurance policy (other than Term Insurance), which will be issued without medical examination by Metropolitan Life Insurance Company (hereafter "MetLife"), if you apply for it and the required premium payment is made within:</p> <ul style="list-style-type: none"> <li>31 days from the date benefits were terminated, or</li> <li>15 days from the date this notice is given, if notice is given more than 15 days from the date benefits were terminated.</li> </ul> <p>In no event will this period extend beyond 91 days from the date benefits were terminated.</p> <p>Use one of the methods shown below to contact MetLife to apply for an individual policy. We will arrange for a Financial Services Representative to follow-up with you and assist you in the application process.</p> <ul style="list-style-type: none"> <li>Call MetLife's toll-free number 1-877-ASK MET7 (1-877-275-6387), or</li> <li>Contact us via the Internet at <a href="mailto:solutions@metlife.com">solutions@metlife.com</a></li> </ul>			
Name of Insured (Last, First) <u>Phillips, Constance</u>	Relationship to Employee <input checked="" type="checkbox"/> Self <input type="checkbox"/> Dependent	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Date of Birth <u>5/30/1950</u>
Name of Owner if Certificate is Assigned (Last, First)		Amount(s) of Group Life benefits that may be converted.	
Address of Insured/Owner <u>3720 E. Lafayette, #103</u>		\$ <u>12500</u> Basic Life Experience # _____	
City <u>Detroit</u>	State <u>Mich.</u>	Zip Code <u>48207</u>	\$ _____ Optional Life Experience # _____
Name of Employee, if other than insured		Employee's Social Security Number <u>1 1 2310</u>	Telephone (Include Area Code) <u>(313) 393-3271</u>
		Job Title <u>Gen Manager</u>	

<b>Part B – Employer Information To MetLife</b>			
Date Group Life benefits became effective for insured <u>11/12/1991</u>		Reason for termination of Group Life benefits: <input type="checkbox"/> Termination of Employment <input checked="" type="checkbox"/> Retirement <input type="checkbox"/> No Longer an Eligible Dependent <input type="checkbox"/> Termination of Group Policy	
Was an ABO claim paid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what is the claim amount? \$ _____ Subtract this amount from amount(s) in force prior to discontinuance.	
Amount(s) in force prior to discontinuance: \$ <u>12500</u> Basic Life \$ _____ Optional Life \$ _____ Spouse Life \$ _____ Child Life \$ _____ Survivor	Amount(s) discontinued: \$ _____ Basic Life \$ _____ Optional Life \$ _____ Spouse Life \$ _____ Child Life \$ _____ Survivor	Amount(s) continued: \$ _____ Basic Life \$ _____ Optional Life \$ _____ Spouse Life \$ _____ Child Life \$ _____ Survivor	
Was the employee totally disabled on the date the benefits were discontinued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Employer <u>City of Detroit</u>			
Address Street <u>2 Woodward Ave</u> City <u>Detroit</u> State <u>MI</u> Zip Code <u>48226</u>			
Signed <u>J. Diana Green-Capter</u>		Date <u>3/15/2013</u>	Telephone (Include Area Code) <u>(313) 224-3362 x218</u>

<b>For Use Only By MetLife</b>			
<b>To Be Completed By Group Department</b>			
<input type="checkbox"/> Issue a conversion policy in an amount up to \$ _____ Person is not eligible for term insurance.		<input type="checkbox"/> Decline issue – conversion period expired. <input type="checkbox"/> Decline issue – 5 year Group coverage requirement not met.	
Are the Experience Number(s) indicated above correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," correct the Experience Number(s) shown above.			
Approval to issue or decline furnished by Signature	Reg. Bus. Unit/Natl. Accts.	Telephone (Include Area Code) ( ) -	Date / /
<b>To Be Completed By Individual Business</b>			
Type of Policy Issued: <input type="checkbox"/> Life Paid-up at 98 <input type="checkbox"/> Universal Life	Amount of Policy \$	Effective Date of Policy / /	Policy Number
Completed by Signature	IB NB Processing Center	Telephone (Include Area Code) ( ) -	Date / /

**Instructions to Employer**

- Complete both Parts A and B above immediately upon termination of Group Life benefits for an eligible employee and/or covered dependents.
- Make copies of the completed form and give the original copy to the person eligible to convert or mail it to the last known address.
- Mail a copy of the completed form to the MetLife office responsible for administering your Group contract.
- Send a copy of the form via fax (1-888-422-4272) or Internet ([solutions@metlife.com](mailto:solutions@metlife.com)) to MetLife Advice Resource Center.

13-53846-Jt Doc 6862-1 Filed 08/18/14 Entered 08/19/14 10:25:27 Page 53 of 57

G685 (06/02) JY2662.SCRE (06/02)



Retirement Effective Date April 10, 2013

# CITY OF DETROIT RETIREE HEALTH BENEFITS ENROLLMENT/CHANGE FORM

## USE BALLPOINT PEN

**Part I. Retiree Information**

☐ Initial Enrollment ☐ Open Enrollment ☐ COBRA

☐ Add Dependent(s) ☐ Remove Dependent(s) ☐ Terminate Contract

Social Security Number                      Last Name Phillips First Name Constance M.I.  Date of Birth Mo 5 Day 30 Yr 50 Sex F

Street Address 2720 E. Lafayette, #103 City Detroit State Mi Zip Code 48207 Retiree Telephone Numbers: Daytime (313) 393-3871 Evening (313) 393-3888

What was your job title at the time of your retirement? Gen. Manager

Marital Status: ☒ Single ☐ Married

Does your spouse work for or is retired from the City of Detroit? ☐ Yes ☒ No

Do you or any of your dependents have other medical coverage, including Medicare? ☐ Yes ☒ No

**Part II. Coverage Selection**

PLEASE READ RETIREE HEALTH CARE PLAN OPTIONS BOOKLET

Neutrol Plan Den Cap

Your Current Plan: H.A.P Check Box If You Want Same Plan ☒

New Plan: ebada100 #11963

Retiree: If you select an HMO, provide name of Primary Physician/Site/Code.

**Part III. Dependent Information (List all current and any new dependents)**

\* Action Code for Coverage: C-Continue A-Add R-Remove (M-Medical D-Dental V-Vision)

Action Code*	Health Care Plans			First Name	M.I.	Social Security Number	Sex	Relation Code **	Date of Birth			Primary Physician Name/Site/Code
	M	D	V						Mo	Day	Yr	
Spouse									S	1	1	
Dep - 1										1	1	
Dep - 2										1	1	
Dep - 3										1	1	

**Part IV. Authorization.** I have elected to enroll myself and my dependents in the above health care plans and authorize the City of Detroit to deduct the amount of any required premium-sharing contribution from monthly retirement payment check. I also authorize my health care plans and the Benefits Administrative Office to obtain information from health care providers, hospitals and clinics necessary to administer the health programs and provide services.

Retiree Signature Constance M. Phillips Date: 3/15/2013

**BAO USE ONLY**

Medical Codes: Old:  New:  Eff:  BC:  FM Date:

Dental Codes: Old:  New:  Eff:  BC:  FM Date:

Vision Codes: Old:  New:  Eff:  BC:  FM Date:

## Withholding Certificate for Michigan Pension or Annuity Payments

**INSTRUCTIONS:** Use Form MI W-4P to notify administrators of the correct amount of Michigan income tax to withhold from your pension or annuity payment(s). You may also use this form to choose not to have any Michigan income tax withheld from your payment(s). This does not apply to military pensions or certain pensions paid by the Railroad Retirement Board.

Significant income tax changes take effect for the 2012 tax year. Entities, over whom Michigan has jurisdiction, disbursing pension or annuity payments are required to collect withholding on those payments that are expected to be included in taxable income unless you choose to opt out by submitting this form (See instructions for line 1). Entities over which Michigan does not have jurisdiction are not required to withhold Michigan income tax from your pension or annuity payment(s). If your pension administrator does not withhold, you may need to make estimated income tax payments to avoid owing penalty and interest. For further information, see General Instructions on page two, the *Michigan Estimated Income Tax for Individuals* (MI-1040ES) or consult a tax advisor.

If you have more than one administrator, you will need to complete a form for each pension or annuity. If you do not file MI W-4P, the administrator may need to withhold even if you will not owe tax on your pension income. **See instructions on page two.**

GENERAL INFORMATION			
Name <i>Constance M. Phillips</i>		Social Security Number <i>[REDACTED] -2310</i>	
Mailing Address (Number, Street, PO Box) <i>2720 E. Lafayette #103</i>			
City <i>Ann Arbor, MI</i>		State <i>MICHIGAN</i>	Zip Code <i>48207</i>
Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married (withhold the same as "Single")			

For joint filers, the age of the oldest spouse determines the age category. Check only ONE box.

- ☐ 1. Check here if your pension or annuity payments are not taxable. **STOP HERE AND SIGN FORM.**
- ☐ 2. Check here if you (or your spouse) were born before 1946. See instructions for line 2.
- ☐ 3. Check here if you (or your spouse) were born during the period 1946 through 1952. See instructions for line 3.
- ☐ 4. Check here if you (and your spouse) were born after 1952. See instructions for line 4.

Complete the following applicable lines:

5. Enter number of personal exemptions allowed on your *Michigan Income Tax Return* (MI-1040). Exemptions should only be claimed once on all MI W-4s (wages) or MI W-4P forms submitted.
6. Additional percentage amount, if any you want withheld from your pension or annuity payment. This amount must be a percentage.

5. <i>1 (ONE)</i>	
6. <i>[Blank]</i>	%

AUTHORIZATION	
Signature <i>Constance M. Phillips</i>	
Printed or Typed Name and Title <i>CONSTANCE M. PHILLIPS</i>	Date <i>3/15/2012</i>

Sign and return this completed form to the administrator of your pension or annuity. Keep a copy for your records.

Visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes) for additional information.



GENERAL RETIREMENT SYSTEM  
CITY OF DETROIT

WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN  
(ANNUITY SAVINGS FUND)

DATE OF APPLICATION 3/15/2012

EMPLOYEE NAME CONSTANCE M. PHILLIPS

SOCIAL SECURITY # [REDACTED] - 2318

DATE OF BIRTH MAY 30, 1950

TELEPHONE (313) 393-3241

(313) 578-1320

TO: BOARD OF TRUSTEES OF THE RETIREMENT SYSTEM

I attained or will attain eligibility for withdrawal of my Defined Contribution Plan (Annuity) amounts due to (Choose one)

- ☐ Service Retirement ☒ 25 Years OR Age 60/10 Years OR Age 65/8 Years  
☐ Separation from Service ☐ Duty or Non-Duty Disability  
☐ Laid-off ☐ Conversion from Disability  
☐ Death of employee (Date \_\_\_\_\_) ☐ EDRO (Eligible Domestic Relations Order)

If Death or EDRO, please complete:

RECIPIENT/BENEFICIARY NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

Pursuant to these provisions, I hereby request a withdrawal from my Defined Contribution Plan account as follows:

AMP Total withdrawal \_\_\_\_\_ Partial withdrawal of \$ \_\_\_\_\_  
(Initial) (Initial)

If partial withdrawal, write out dollar amount \_\_\_\_\_  
\_\_\_\_\_ Contributions prior to 8-14-1982 only.  
(Initial)

to be distributed as follows:

If requesting more than pre-1982 contributions you must select **EITHER 1, 2 or 2 and 3:**

1 AMP I request that full payment be made to me. I acknowledge that twenty (20%) percent of the  
(Initial) taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations.

2. I request a direct rollover of the otherwise taxable portion as follows: **CHOOSE A or B**

A \_\_\_\_\_ All of the otherwise taxable portion (in  
(Initial) which case no withholding will apply to me)

OR

B \_\_\_\_\_ A portion totaling \$ \_\_\_\_\_  
(Initial) of the otherwise taxable portion

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

as a direct rollover/direct transfer and the balance paid to me. Any taxable portion not rolled over/transferred will be subject to the required twenty (20%) percent withholding. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either a 401(a) of the Internal Revenue Code Plan, including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity or an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).



3. I request a direct rollover of the non-taxable portion as follows: **CHOOSE C or D**

**C** \_\_\_\_\_ All of the otherwise non-taxable  
(Initial) portion

OR

**D** \_\_\_\_\_ A portion totaling \$ \_\_\_\_\_  
(Initial) of the otherwise non-taxable  
portion

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

as a direct rollover/direct transfer and the balance paid to me. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Account) or IRC 403(b) (Individual Retirement Annuity).

I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice.

Signatures must be notarized if not witnessed by a Retirement Systems employee.

*J. Lisa Kane-Caplan*  
Signature of Witness Date  
3-15-2012

Address of Witness

City State Zip

*Constance M. Sullivan* 3/15/2012  
Signature of Recipient Date  
2720 E. Lafayette #103

Address of Recipient

*DETROIT, MI 48207*  
City State Zip

On this day of \_\_\_\_\_ the above named made oath that the answers are true to the best of his/her knowledge and belief.

My Commission expires: \_\_\_\_\_

Notary Public

(SEAL)

County

State

DO NOT WRITE IN THIS SPACE